Cancer of the breast is the most common cancer of American women. Approximately 115,000 new cases can be expected during 1985. Almost 40,000 deaths annually can be attributed to breast cancer and it remains the leading cause of cancer deaths in women. It is estimated that one in eleven women will develop breast cancer.

While the above statistics document the magnitude of the problem, the situation is in no way hopeless. Breast cancer, through aggressive screening, can be detected "early". The relationship between early detection and favorable outcome has been repeatedly and clearly documented. The data from the BCDDP has demonstrated that we can expect to detect "preclinical" ("early") breast cancer in 40% of its victims if we ambitiously undertake screening programs.

Three components make up ideal breast cancer screening:

1. Monthly Breast Self Examination (BSE)
2. Annual professional breast examination
3. Mammography (See ACS recommendations)

Recent studies indicate that in the community hospital setting, we have not accomplished the level of early detection demonstrated to be achievable by the BCDDP data. We must all work to improve the intensity of breast cancer screening within our communities. Improvements in early detection will not only save lives but will also provide increased options for conservation therapy allowing more women to be successfully treated for breast cancer while preserving their breasts.

At present mammography is the gold standard for breast cancer screening. Advancements in the understanding of tumor markers such as Human Mammary Epithelial Antigen and refinements in risk determination by improved understanding of pre-malignant epithelial proliferative disease of the breast may offer additional screening tools in the future. Today, however, we can